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Title

Attorney Docket No.

UTILITY PATENT APPLICATION TRANSMITTAL

KOUTYRINE, Oleg Inventor(s) ATHUR RAGHUVIR, Yuvaraj

AIRI, Shilpa

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

SYSTEM AND METHOD FOR SELECTIVE LOCAL OBJECT RETRIEVAL

11884/405901

EL 828171611 US Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Mail Stop Patent Application				
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages (40)] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix				Mail Stop Patent Application 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS				
- - -	 Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) 			9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney				
- Abstract of the Disclosure -Cover page 4. Drawing(s) (35 U.S.C.113) [Total Sheets 26] 5. Oath or Declaration [Total Pages 6] a. Signed b. Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76				English Translation Document (if applicable) Copies of Information Disclosure Statement IDS (IDS) and Form 1449 Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other:				
Continuation Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group / Art Unit:								
		17. CORRESPON	IDENCE AL	DDRESS				
☑ Customer Number or Bar Code Label (Insert Customer No or Attach bar code label here)								
Name	Kenyon & Kenyon							
Address	One Broadway							
City	New York	New York State Ne			Zip Code	10004		
Country	United States of America	Telephone	1-212-425	-7200	Fax	1-212-425-5288		
Name (Print/Type) Linda M. Shudy Reg				egistration No. (Attorney/Agent) 47,084				
Signature Date October 23, 2003								

PTO/SB/17 (10-02)
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FEE TRANSMITTAL	Complete if Known						
I LL INANSIMITIAL	Application Number Not assigned						
for FY 2003	Filing Date	October 23, 2003					
Patent fees are subject to annual revision.	First Named Inventor	KOUTYRINE, Oleg; ATHUR RAGHUVIR, Yuvaraj; AIRI, Shilpa					
☐ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name Not assigned						
Applicant claims small entity states. Oce of CFR 1.27	Group / Art Unit	Not assigned					
TOTAL AMOUNT OF PAYMENT (\$) 1114	Attorney Docket No. 11884/405901						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. ADDITIONAL FEES						
Order	Large Entity Small Entity						
Deposit Account:	Fee Fee	Fee De	Fee Description Fee Paid				
Deposit Account 11-0600	Code Code 1051 2051		filing fee or oath				
Number 1-0000	1052 2052	_	provisional filing fee				
		or cover sheet					
Deposit Account Kenyon & Kenyon	1053 1053	Non-English spo					
Name	1812 1812 1804 1804	For filing a request for reexamination					
The Commissioner is authorized to: (check all that apply)		Requesting publication of SIR prior to Examiner action					
 ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application 	1805 1805	Requesting pub Examiner action	lication of SIR after				
☐ Charge fee(s) indicated below, except for the filing fee	1251 2251	Extension for re	ply within first month				
to the above-identified deposit account.	1252 2252	Extension for re	Extension for reply within second				
FEE CALCULATION	1253 2253		Extension for reply within third month				
BASIC FILING FEE Large Entity	1254 2254		Extension for reply within fourth				
Fee Fee Fee Fee Description		month					
Code (\$) Code (\$) Fee Paid	1255 2255		ply within fifth month				
1001 770 2001 385 Utility filing fee 770	1401 2401 1402 2402	Notice of Appea					
1002 340 2002 170 Design filing fee	1403 2403	Request for oral	support of an appeal				
1003 530 2003 265 Plant filing fee	1451 1451	Petition to institu	• —				
1004 770 2004 385 Reissue filing fee		proceeding					
1005 160 2005 80 Provisional filling fee	1452 2452 1453 2453	Petition to revive					
SUBTOTAL (1) (\$) 770	1501 2501	1	e - unintentional				
	1502 2502		Utility issue fee (or reissue) Design issue fee				
Extra CLAIM FEES Extra Fee from Fee	1503 2503	Plant issue fee					
Claims below Paid	1460 1460	Petitions to the	Commissioner				
Total Claims 15 -20 ** = X =	1807 1807	-	under 37 CFR 1.17 (q)				
Independent Claims 7 -3 *** = 4 X 86 = 344	1806 1806	Submission of II	nformation Disclosure				
Adultido	0004		patent assignment				
Dependent X	8021 8021	per property (tin properties)	nes number of				
Large Entity Small Entity	1809 2809		ion after final rejection				
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1810 2810	(37 CFR § 1.129	P(a)) Inal invention to be				
1202 18 2202 9 Claims in excess of 20	2010	examined (37 C					
1201 86 2201 43 Independent claims in excess of 3	1801 2801	Request for Contin	ued Examination (RCE)				
1203 290 2203 145 Multiple dependent claim, if not paid	1802 1802	Request for expe	dited examination				
1204 86 2204 43 ** Reissue independent claims over original patent		of a design applic					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	ner fee (specify)					
SUBTOTAL (2) (5) 344	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0						
**or number previously paid, if greater; For Reissues, see above Express Mail Label No. EL 828171611 US							
SUBMITTED BY Complete (if applicable)							
Name (Print/Type) Linda M. Shudy Registration No. Attor	ney/Agent) 47,084	1 Telephone	1 (212) 425-7200				
Signature Date October 23, 2003							